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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMS HOSPITALITY, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENATA KOPEK

(Name of Person)

BMS HOSPITALITY, LLC

(Firm Company)

11615 ROSEWOOD STREET, SUITE 100

(Address)

OVERLY LEAWOOD, KS 66211

(City State and Zip Code)

For further information concerning this matter, please call:

RENATA KOPEK

(Name of Person)

at 913 401-3044

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

Check already mailed separately

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BMS HOSPITALITY LLC

(Name of limited liability company)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Jurisdiction of its organization)

2/20/2006

(Date registered with Florida Department of State)

M0600000972

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing 2/16/2022 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

SCOTT ASNER

(Typed or printed name of signee)

2022 MAR 10 10:11:44
Filing Office